

AFFIDAVIT FOR REMOVAL OF NAME

Commonwealth of Kentucky
Department of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400

Phone (502) 564-4850

Fax (502) 564-1442

<http://www.abc.ky.gov>

STATE OF KENTUCKY

COUNTY OF _____

The affiant, _____, Social Security Number _____

being first duly sworn, deposes and says:

That ☐ he or ☐ she is over the age of twenty-one and resides at _____
_____, in the City of _____, the State
of _____, being in the County of _____.

That ☐ he or ☐ she owns an interest in the alcoholic beverage control license(s) privilege(s) (retail liquor drink
license #) _____;
(retail liquor by the package license #) _____;
(retail beer license #) _____.
located at _____
in the City of _____, Kentucky in the County of _____.

The Affiant further states that ☐ he or ☐ she wishes to drop their name off the license(s), hereby
relinquishing all rights and interest in said alcoholic beverage license privilege.

X _____
Signature of Affiant

I, the undersigned, a Notary Public in and for the State and County aforesaid, do hereby certify that
_____ personally appeared before me and acknowledged the above to be their free act and deed.

Witness my hand this _____ day of _____, 20____.

X _____
Notary Public

State of _____ at Large ☐ County of _____ at Large ☐

My Commission Expires: _____.